



VILLAGE OF JACKSONVILLE  
ELECTRIC COMPANY

**LANDLORD/AGENT VERIFICATION**

Please fill out the below information pertaining to the rental unit:

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Meter Number

\_\_\_\_\_  
Apt#

\_\_\_\_\_  
Street Location

\_\_\_\_\_  
Name of Renter (s)

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Today's Date

PLEASE BE AWARE THAT ANY UNPAID BILLS LEFT BY A TENANT BECOMES A LIEN ON THE PROPERTY PER VERMONT STATUTE TITLE 32 CHAPTER 133.

I, \_\_\_\_\_ do hereby authorize my landlord access to my electric account information.

\_\_\_\_\_  
Signature of Tenant (s)

\_\_\_\_\_  
Signature of Tenant (s)

\_\_\_\_\_  
Today's Date